



Inglis

WILLIAM INGLIS SALES TRAVEL REGISTRATION FORM

PERSONAL DETAILS

Surname (as per passport) _____ Title (Ms/Mrs/Mr/Dr) _____
Full Christian Name/s (as per passport) _____
Date of Birth _____
Phone _____ Fax _____ Mobile _____

PASSPORT DETAILS

Name on Passport _____ Passport # _____
Nationality _____ Place of Issue _____
Issue Date _____ Expiry Date _____

FLIGHT REQUESTS

Date _____ From _____ To _____
Date _____ From _____ To _____
Date _____ From _____ To _____
Date _____ From _____ To _____

Frequent Flyer Numbers

Airline/s _____
Membership Number/s _____
Seating Preferences:
Window Isle Preferred row/seat number _____
Special Meal Request: _____

Please fax completed form to Tina Lee on (02) 9398 5547 or christina@inglis.com.au

The booking will then be made and a confirmation email sent to you.

HOTEL REQUESTS

Please note your credit card number will be advised to the hotel to guarantee your hotel booking

City _____

Hotel Name _____

Check in Date _____

Check out Date _____

City _____

Hotel Name _____

Check in Date _____

Check out Date _____

Room Type	Double bed	<input type="checkbox"/>	Twin bed	<input type="checkbox"/>
	Smoking room	<input type="checkbox"/>	Non-smoking room	<input type="checkbox"/>
	Standard Room Deluxe Room	<input type="checkbox"/>	Suite	<input type="checkbox"/>

Hotel Membership _____

CREDIT CARD DETAILS

Type (Amex, Diners, Visa etc) _____

Name on Card _____

Card # _____ Exp Date _____

Authority for William Inglis & Son Ltd to bill your credit card

I hereby authorise William Inglis & Son Ltd to debit my credit card for travel services or the duration of my card. If more than one card is listed above, please advise which card you authorise charges against:

Signature _____ Date _____

Email address _____

Additional Information & Requirements:

I hereby consent / (do not consent) to this information being stored in the William Inglis database.

Signature _____ Date _____

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